

Made by Carol Wen

### **Previous Remarks**

This quick guide is for new users of ECGLab.It's just for reference and you can use in your

own way once get familiar with the software. More details see the official manual.

### **Basic Analysis Process** 3 Confirm Result Upload ECG Auto-analysis Edit Result Make Report Fill in information Template /Event/ST /A-Fib Edit,save&print Set parameters Strips /PageScan /Tables

## 1. Upload ECG data

Ambula ECG	atory System				Leads Placemen	Register	New Patient	Ö Settings	Extr Ext
5c deno (2018-84-36)				Patient List				Configure ite	ns of list
Register folder     Data folder     Zer Recycle folder	No. Name Demo Pacemaker Demo 12Leads	Patient ID 09-5813-498544-35 w Patient	Rec. Date/Time 2009/12/07 09:33	Type Rec. length Analysis Date 3 P 24:00:00 2012/10/23	Report Date	Recorder No. Depar.	Conclusion     Total recording ti		
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rd Drive Usage D: 190.47GB/372.48GB	Name	Start Time 2017/05/24 Pacemaker DDDR	<ul> <li>▼ 15:34:12</li> <li>▼</li> </ul>			Next Step		E Lord	Q import
51%	Conclusion	👌 Query 🔰 Al	1					an Dente	Start
) 😺									16:06 2017-05-27

Connect holter recorder with PC.
 Double click to run the software.
 Click New Patient on main interface.
 Fill in patient information.
 Click Next Step.



Reconnect the recorder with PC and try again.

Click Refresh icon 🖪 on the left.

Click Other location to choose path by manual.

#### Q2. Weather all information need to fill in?

Name, Patient ID and Start time are required information. The others you can fill in or notl.

## 2. Set Parameters



### 1.View all ECG waveforms.

Drag slider in chart 1, use **Start offset/ End offset** to reset the time if there are invalid waveforms at the start or end period.

The beat type has marked in the first 5 mins' waveform, check if most of them are right.

### 2. Choose analysis channel.

Primary CH---most clear channel

Secondary CH--for P wave /ST analysis or other purpose.

### 3.Set Ref and J point for ST analysis.

Double click the vertical line and move it when it turns into red.

### **4.**Click Start Analysis.

#### Q1. The more channel chosed the better?

No,if you choose too many channel,the software auto-analysis will take more time,and there can be too much artifact added into the result. Better choose 1 or 0 secondary channel .

#### Q2. What's the use of other icons?

Pacemaker---Enable it when the patient wore pacemaker

Gain Adjust---When the waveform is too flat or tall

Too flat Gain 2 or 4 Too tall Gain 1/2 or 1/4

## 3.1 Confirm information

demo										
Patient Template	Events	ST A Fib/Flu	t Strips Pag	eScan Tables	Reports Exit Reco	rd				
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						Ward				
	Patient II	)				Sickbed No.				
	Sec	Female		-		Clinic No.				
	Age	53	Years	-		Inpatient ID				
						Address				
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### 1.Supplementary more patient information.

#### Q1. What's the use of Analysis Setting?

Set parameters seprately for this ECG data,Click Reanalyse after adjusting the analysis parameters

If only change the display content for example address ,no need to reanalyse.

#### Q1. What's the use of Reanalyse ?

If the analysis result is not good in template interface, click Reanalyse, change the parameter (analysis CH, Gain and so on) and analysis again.

## 3.2 Edit template



### 1.Check the template accuracy.

If you find hundreds of Unknow beats, or a lot of S beat are marked as N beat ,please reanalyse before edit.

### 2.Start from the type with small number.

For example, Unknow-- S/V--N

### 3.Skillfully use the tools.

Use Histogram / Lorenz plot / Focus tools to make batch judgement and modify.

#### Q1. What if too many unknow or wrong mark?

1. If too many S marked as N,use SVE Configure tool on the left.

20	%	Prematurity (>=10%) 1
5		no. of prior intervals to inspect as reference
15	%	rhythm tolerance of reference intervals
10		2

a.Reduce value 1 from 20 to 18 /16.b.Increase value 2 from 20 to 25/30...50.Click Re-analyse once changed the value.Note:Ensure Value 3 are checked on.

2.If too many unknow beat,or the analysis result is not good.Back to Patient interface and click Reanalyse.a.change primary CH or secondary CH.b.Adjust Gain into 1/2 ,1/4 (if the waveform to tall ) , 2,4(if too flat )

## 3.3 Events confirm



1.Select a typical strip of each type to save.

Chart 1--- statistics of events.

- Chart 2--- 24 hr heart rate.
- Chart 3 --- ECG strip for selected event type.
- Chart 4 --- RR interval histogram.
- Chart 5 --- Real-time waveform for chart 3.

#### Q1. Can not see Chart 4?

Chick Histogram in Chart 1 to show/hide it.

#### Q2. How to check the detail event in certain period?

Hold down the ctrl key and drag mause between events in Chart 2 can zoom in this period.

Black triangle in chart 2 shows the saved event position.

## 3.4 ST segment analysis



1.Check if the ST segment deviation statistics are correct.

- Chart 1--- statistics of excessive ST deviation. Click Add or Tool o adjust setting if nessesary.
- Chart 2 --- 24 hr heart rate.

Reference for judgement of the condition.

- Chart 3 --- ST deviation from baseline.
- Chart 4 --- Real-time waveform for chart 2&3

### Features of ST segment elevation /depression

Onset	Dur	Ma	Lead
11:17:22	1.1	-1.5	CH1
11:55:46	1.1	-1.6	CH1
15:00:25	1.9	-2.0	CH1
07:14:14	4.7	-1.5	CH1
07:17:31	3.8	-1.2	CH3
07:25:57	2.4	-1.5	CH3

Chart 1

All data possible



Chart 3 Red color and

Red color and long length in vertical period



Chart 4

ST segment deviate from baseline

## 3.5 A-Fib/Flut confirm



1.Check if the A-Fib/Flut statistics are correct.

Chart 1 --- 24 hr RR trend

Every 5 mins as a unit in timeline

- Chart 2 --- Statistics of A-Fib/Flut interval.
- Chart 3 --- The 5 min period RR trend for chart1.

Lorenz

Fan-shaped distribution

Chart 4 --- Real-time waveform for chart 3.

## 4. Confirm Result

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linimum HR 1 50 11:50 12:	a demo Patient Terrolate Events	ST A FID/Flid Street Pa	roeScan Tables Re	conta Ext Record			
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	A Total Beats	0	Avg. HR	59 base at 23.28.58	SDIN .	38	
	VE Beets	2071	Max HR	161 bpm at 07.33.50	A HISSO	22	
R	SVE Beats	24	Minimum Mittube-HR	60 bpm at 23.28.00		2	
I I I I I I I I I I I I I I I I I I I	GOD Deats	0	Maximum Minute-HR	155 bpm at 07.31.00	Trange	23	
- Indendand personalities	Aberrant Deals	0	# bests in Tachy	1439	HF	169.7	
COCOS d1 89 ppm VE	% of total time in AF/AFL	0	# beats in Brady	0	U	156.1	
151 167 154 160 160 160 161	Nonconducted APB	0	Longest R-R	P 10:50:34	VUF		
I daddada manasan	Ventricular		SupraVentricular		- Brady-		
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	Mar. HR Runs 0	at 10.50.34	Length in AF/AFL (s)	0	Max. OTc	468	
ICH2 Mary							
	Total ST minutes	ST1 (C#1) 57.4		ST2 (CH2) 0	5T3 (CH3) 15.2		
	Maximum ST depression	-2.3 mm 13.15	37	0 mm 10.50.34	-1.7 mm 07:30:11		
JCHEN COLOUD	Maximum ST elevation	0 mm 10.50.3	34	0 mm 10.50:34	0 mm 10:50:34		
07:35:25 d2			Upda	ite			
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### 1.Confirm saved ECG strip.

### 2. Overview and check in PageScan.

Right click on the trend graph(at the top),you can change it into all kinds of Histogram.

3. Overview and check in Tables.

## 5. Report Edit



1.Make conclusion.

2. Choose full disclusure period.

3. Choose report type and save or print.

Chart 1 --- Conclusion area.

Chart 2 --- Conclusion pattern for quick edit.

Chart 3 --- Full disclosure setting.

Chart 4 --- Report choose and process.

#### Q1. How to make quick conclusion?

Save the most usual conclusion in chart 2 and call them anytime you need

#### Q2. How to process report quickly?

1.Check the most commonly used reports and click Save as Default. It will effect for all ECG data.

Click Sequence Setting and move the most usyal report to the top and save



Adjust workflow / Set signature / Advanced fuction

## Small tips--Adjust workflow

Register folder Data folder Recycle folder	No.     Name       1     Demo Decombar       2     Demo Tallady, VUNUL       3     Demo Tallady, VUNUL       2     4       4     demo	Setting     S	Cr     Cr	Centurian Total recording fi	Surf Arms of Dat
Hard Drive Usage:D: 190.90GB/372.46GB	Conclusion	Ouery		ute a	Load 🖉 Import Delete 😥 Export

1.Click Settings in main interface

2.change into Others window.

3.Click Workflow Configure then click General Template--Modify

- 4.Select process with button  $\blacksquare$  or  $\blacksquare$ . Items on the left is the selected ones.
- 5.Adjust the order with button up or .

## Small tips--Set signature

Ambula ECG	Cory System	Settings
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1.Click Settings in main interface

### 2.change into Others window.

### 3.Click Set Signature

- a.Click Handwriting and edit direct.
- b.Click Load picture and choose picture  $~(\mbox{JPEG/BMP format})$  .
  - Click and drag in the picture and choose the needed part.
  - The picture on the left will be took as signature shows on report.

## Small tips--Advanced fuction



1.Click button 🔄 on the right top conner, you can change into advanced fuction.

2.Bellow dvanced fuction need to pay to open. Multi-day ECG data merge and analysis together\* Lorenz Plot Edit\* Waterfall Tools on A-Fib Edit\* T-wave Alternans\* Deceleration capacity of heart rate\* Late potentials (SAECG)\* Vectocardiogram (VCG)\*

3.Click button 🔄 to back to Gerneral template.

# Skills for edit Tools

 $\mathbf{\nabla}$ 



## 1.Template

Function: Classify the same shape and make batch audit.



### First classification

The seleted beat will synchronous display on chart <u>1&amp;</u> 2&3.	Commonly used shortcuts
Press up/down key on keyboard to switch beats.	V or 1 : Ventricular beat
Double click and edit in secondary classified folder if it's in large number.	S or 2 : Supraventricular beat
Madify boot type with tealbox	N or 3 : Normal beat
Modify beat type with toolbar and a star and and and and a star and and a star and and a star and a	X : Delete

## 2.Lorenz Plot

Principle: mark every beat as a point on a graph follow rule bellow,

X(n) = interval (n-1 to n) Y(n) = interval (n to n+1)

Certain shape will form due to different type arrhythmias.

Function:

- Rapid diagnosis based on overall shape.
- Correct wrong marks by area.





X= RR interval before Point

### 2.Lorenz Plot—Rapid diagnosis based on overall shape



### Typical arrhythm in Lorenz Plot

Overview all beats and make a quick judgement about the patient condition. keep the main shape of different type arrhythmia will greatly improve work efficiency.

## 2.Lorenz Plot



A ~ E---Sinus rhythm with SVE

A ---- Fast sinus rhythm with SVE bigeminy

**B** ---Slow sinus rhythm with SVE bigeminy

F, G, H --- Sinus rhythm with frequent SVE,

SVE bigeminy.



**SVE** in lorenz Plot

**VE in lorenz Plot** 



## 2.Lorenz Plot



## 2.Lorenz Plot—Correct wrong marks by area.



a).Check out Artifact

RR interval especially short if it's artifact, check out and delete them.

Check separate points in bellow area (the value is for reference, not fixed one)

- X<400ms &Y<400ms
- X<600ms & Y<400ms
- Y<600ms & X<400ms

1200

1800

1600

1400

1200



## 2.Lorenz Plot—Correct wrong marks by area.



### b).Check out mark missing

RR interval especially long if there is mark missing, check out and add the missing mark.

Check separate points in bellow area (the value is for reference, not fixed one)

- X>1400ms around 2 \*Ave (RR interval)
- Y>1400ms around 2 \*Ave (RR interval)







### 2.Lorenz Plot—Correct wrong marks by area.



### C).Check out wrong mark

The point above 45  $^\circ\,$  line normally will be S or V,check if there's N



## 3.Histogram



Principle:Different data statistics in histogram & Real time RR interval trend.Function:Check all kinds of interval according to demand, find artifacts and missed mark

## 1.Check out Artifact



R-R interval<300ms</th>Mostly there are artifactsV-N interval<400ms</td>Mostly there are artifacts marked into VS-N /S-S interval<400ms</td>Mostly there are artifacts marked into S



## 1.Check out Artifact



Feature

RR interval especially short if it's artifact, check out and delete them.

### Useful tool 1---- Histogram

R-R interval <300ms</th>Mostly there are artifactsV-N interval <400ms</td>Mostly there are artifacts marked into VS-N /S-S interval <400ms</td>Mostly there are artifacts marked into S



## 2.Check out mark missing



### Feature

RR interval especially short if there is mark missing, check out and add the mark

Useful tool 1. Histogram & Timing diagram

Check R-R interval from the longest RR period, there can be mark missing.



Histogram



Timing diagram in Lorenz plot tool

### 4.Focus ---- Pick out the unusual waveform quickly

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- 1. Change the utmost number.
- 2. Drag slider on the right

3. Use the mouse frame to select the unusual waveform, they will be seperated into another folder bellow

4.check these beats seperately.

**Principle:** Overlap all waveform according to the order of P-QRS-T. **Function:** Pick out the unusual waveform from large amount of beats.

## Summary

More small tools in ECGLab, try them one by one according to the manual book.

More instruction will update later.

Any questions feel free to contact us.



HPRA Wholesalers authorisation No. W00426/00001

Tel: +353 (0) 1 835 2411

Email: sales@medguard.ie

Unit 28B Ashbourne Business Centre, Ashbourne, Co Meath, A84 WA49